MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11556

Reg. Dist. No. 28

1. PLACE OF DEATH:

County: St. Marys

City or town: Hollywood (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: St. Marys

City or town: Hollywood (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Nellie Ellen Barnes

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6.(b) Name of husband or wife: William A. Barnes

6.(c) If alive, give age: 79 years

7. Birth date of deceased (mo., day, yr.): unknown

8. AGE: Years	Months	Days	If less than one day
unknown (81)			hrs. min.

9. Birthplace: St. Marys County (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: James Ellis
13. Birthplace: St. Marys

MOTHER
14. Maiden name: Eliza Wood
15. Birthplace: St. Marys Co.

16. Informant: William A. Barnes
Address: Hollywood Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29 1947 (month) (day) (year)

Cemetery or crematory: St. Johns

Location: Hollywood Md.

18. Funeral director: W. L. Spattingley Sons

Address: Leonardtown Md.

19. 12/27 47 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 27th 1947, at 10:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27th 1947, to 19..; and that I last saw h.. alive on 19..

Immediate cause of death: Cardio Vascular Disease — DURATION

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: F. F. Greenwell M.D. M. D. or other

Address: Leonardtown Md. Date signed: 12-27-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11557

CERTIFICATE OF DEATH

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: St. Mary's
City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: St. Mary's
City or town: Leonardtown
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: John Francis Blackiston

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 21 1945

8. AGE:

Years	Months	Days	If less than one day
2	10	3	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: none
11. Industry or business:
FATHER — 12. Name: Lloyd Cooper
FATHER — 13. Birthplace: Maryland
MOTHER — 14. Maiden name: Elaine Blackiston
MOTHER — 15. Birthplace: Maryland
18. Informant: Lucie Blackiston
Address: Leonardtown
17. (Burial, cremation, or removal. Which?) Burial Date thereof 12/25/47 (month) (day) (year)
Cemetery or crematory: St. Aloysius
Location: Leonardtown
18. Funeral director: R B Robinson
Address: Leonardtown
19. 12/25 1947 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24 1947, at 8:30 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 22 1947, to Dec. 24 1947
and that I last saw him alive on Dec. 22 1947

Immediate cause of death	DURATION
Lobar Pneumonia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Mrs. Mabel A. Camalier M. D. or other
Address: Leonardtown Date signed: 12/25/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11558

170c

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: St. Mary's

City or town: Chaptico

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St. Mary's

City or town: Morganza

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William H. Briscoe

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	married

6.(b) Name of ~~husband~~ or wife: Anna V. Briscoe

6.(c) If alive, give age: 25 years

7. Birth date of deceased (mo., day, yr.): May 18, 1921

8. AGE: Years: 26 | Months | Days | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: laborer

11. Industry or business

FATHER — 12. Name: John F. Briscoe

FATHER — 13. Birthplace: Maryland

MOTHER — 14. Maiden name: Margaret Thomas

MOTHER — 15. Birthplace: Maryland

16. Informant: James C. Briscoe

Address: Clements, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/27/47 (month) (day) (year)

Cemetery or crematory: St. Joseph

Location: Morganza, Md.

18. Funeral director: E. B. Robinson

Address: Leonardtown

19. 12/26 1947 (Date rec'd by registrar) Cawley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 23 1947 at 9 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...

and that I last saw him alive on dead 12/24 1947

Immediate cause of death	DURATION
Broken neck	
Due to: Automobile accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 12/23/47

Where did injury occur? Chaptico (City or town) St. Mary's (County) Md. (State)

Injured at home, farm, industry, public place (where?) Public road

Means of injury ... Injured at work?

23. SIGNATURE: Julian F. Thompson M.D. (M. D. or other)

Address: Leonardtown Md Date signed 12-24-47

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

11559

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
County St. Marys
City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St. Marys
City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3. (a) FULL NAME Anna M. Dean

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) August 24, 1892

8. AGE:

Years	Months	Days	If less than one day
55	4	0	..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business

FATHER
12. Name Enoch Evans
13. Birthplace Maryland

MOTHER
14. Maiden name Anna Wheatley
15. Birthplace Virginia

16. Informant Mrs. C. Sayer
Address 30 - Adams St. N.W. Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/28/47 (month) (day) (year)
Cemetery or crematory Joy Chapel
Location Hollywood, Md.

18. Funeral director J.B. Robinson
Address Leonardtown, Md.

19. Dec 29 1947 (Date rec'd by registrar) Caruthers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 19 47, at 8:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June the deceased to Dec 25 1947
and that I last saw h alive on 19
Immediate cause of death Coronary thrombosis — DURATION 10 days
Due to Indigestion
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Francis F Greenwell M.D.
M. D. or other
Address Leonardtown Date signed 12-29-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

950 CB 11560

CERTIFICATE OF DEATH

Reg. Dist. No. 28

1. PLACE OF DEATH:
County: Saint Mary's
City or town: Rural - Maddox
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? a few hours
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County: D.C.
City or town: Washington
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 214 Massachusetts Ave. N.E.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Louis E. Dye

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mrs.
6.(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): Nov. 23, 1905

8. AGE: Years: 42 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Indiana Ohio
(Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business:

FATHER
12. Name: D. K. Edgar E. Dye
13. Birthplace: Indiana

MOTHER
14. Maiden name: D. K. Ellen Bowman
15. Birthplace: Unknown

16. Informant: Kerr Wilson
Address: 716 - 12th St. N.E.

17. (Burial, cremation, or removal. Which?) Burial Date thereof 12/23/47 (month) (day) (year)
Cemetery or crematory: Cedar Hill 12-23-1947
Location: Suitland, Md.

18. Funeral director: Robert A. Mattingly
Address: 1311-11th St. S.E. Washington D.C.

19. 12/21/47 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 21, 1947 at near 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ...19... to Dec. 21, 1947
and that I last saw h... alive on ...19...

Immediate cause of death	DURATION
Coronary occlusion	
Due to: cardiac disease and indigestion	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Francis J. Brennell M.D. M. D. or other
Address: Leonard town, Md. Date signed 12-21-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

11561

CERTIFICATE OF DEATH

Reg. Dist. No. 2-7

1. PLACE OF DEATH:
County St. Mary's
City or town Hollywood Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County St. Mary's
City or town Hollywood
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war World War I.

3.(a) FULL NAME James Biscoe Edwards

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Colored	widowed

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ? 1889

8. AGE: Years 58 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

FATHER 12. Name Maurice Edwards

13. Birthplace Maryland

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Julia Johnson

Address Germantown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/9/47 (month) (day) (year)

Cemetery or crematory St. Johns

Location Hollywood, Md.

18. Funeral director C. B. Robinson

Address Leonardtown, Md.

19. 12/8 1947 (Date rec'd by registrar) C. Wales Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 6 1947 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Seen dead only 19 ..... to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death	DURATION
Coronary Thrombosis	1 hour
Due to Arterio-sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Julian J. Lane M.D.
M. D. or other

Address Leonardtown, Md. Date signed 12/7/47

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

938 11562

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: St Marys

City or town: Holly wood Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Holly Wood Maryland

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Holly Wood
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME C. Paul Goldsborough

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife: Francis Edith B. Goldsborough

6.(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.): Sept 17 1879

8. AGE: Years	Months	Days	If less than one day
68	3	12	..... hrs. ..... min.

9. Birthplace: Leonardtown St Marys Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: same

FATHER 12. Name: Joseph Goldsborough

FATHER 13. Birthplace: St Marys Co

MOTHER 14. Maiden name: Philomena Jarboe

MOTHER 15. Birthplace: St Marys Co

16. Informant: Mrs Paul Goldsborough

Address: Holly wood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2 1948 (month) (day) (year)

Cemetery or crematory: St Johns cemetery

Location: Holly wood Md

18. Funeral director: W. B. Mattingley Sons

Address: Leonardtown Md

19. 12/30 47 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 1947 at 7.30 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1944 to Dec 29 1947 and that I last saw him alive on Dec 29 1947

Immediate cause of death	DURATION
Cardio Vascular disease	
Due to: Arterial Sclerosis	6 Weeks
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Francis F Greenwell M.D.
M. D. or other

Address: Leonardtown Md Date signed 12, 29, 47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

11563

CERTIFICATE OF DEATH

Reg. Diat. No. 287

1. PLACE OF DEATH:
County St. Marys
City or town Laurel Grove
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County St. Marys
City or town Laurel Grove
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Carrie May Graves

3.(b) Social Security Number —

4. Sex: female
5. Color or race: white
6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or ~~wife~~: Phillip T. Graves
6.(c) If alive, give age: 80 years
7. Birth date of deceased (mo., day, yr.): April 20, 1870
8. AGE: Years 77 | Months 7 | Days 18 | If less than one day ... hrs. ... min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: James Harding
FATHER 13. Birthplace: Maryland
MOTHER 14. Maiden name: Juliet Dick
MOTHER 15. Birthplace: Maryland
16. Informant: Lillian Livingston
Address: Atlanta, Ga.
17. Burial (Burial, cremation, or removal, Which?) Date thereof 12-11-47 (month) (day) (year)
Cemetery or crematory: Mt. Zion
Location: Laurel Glope
18. Funeral director: P. B. Robinson
Address: Leonardtown, Md.
19. 12/11 1947 (Date rec'd by registrar) Canalin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 8 1947 at 8-25- P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 - 1947, to Dec 8 - 1947
and that I last saw h2e alive on Dec. 7 1947

	DURATION
Immediate cause of death: Cerebral Hemorrhage	Aug 11 17
Due to: Arteriosclerosis	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE Aloysius C. Welch MD
M. D. or other
Address Clinton Md Date signed Dec. 8-47

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46d 11564

CERTIFICATE OF DEATH

Reg. Dist. No. 282

W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Leonardtown Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Month + 11 days

Hospital, institution, or street address where death occurred:
Leonardtown Md

How long in hospital or institution? 1 month + 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Oakley
(If outside city of town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Charles Augustus Hall

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6.(b) Name of husband or wife Amey L. Hall

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 12th 1909

8. AGE: Years	Months	Days	If less than one day
38	9	9	____ hrs. ____ min.

9. Birthplace Milestown St Marys Maryland
(Town, county, and state)

10. Usual occupation Heavy duty operator

11. Industry or business Coal

FATHER
12. Name Mc Guire Hall
13. Birthplace Oakley Md

MOTHER
14. Maiden name Pearl Bailey
15. Birthplace Holly Wood Md

16. Informant Mc Guire Hall
Address Oakley Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 23 1947 (month) (day) (year)

Cemetery or crematory Sacred Heart Cemetery

Location Bush Wood Md.

18. Funeral director W. C. Mattingley Sons

Address Leonardtown Md

19. 12/22/1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21 1947 at 3.15 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1947 to Dec 21st 1947 and that I last saw him alive on Dec 20 1947

	DURATION
Immediate cause of death Carcinoma of Rectum	4 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ____ Date of op. ____

Autopsy results ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE Julian S Lane Per J P Greenwell M. D. or other

Address Leonardtown Date signed Dec 21-47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

838

11565

Reg. Dist. No. 3

1. PLACE OF DEATH:

County: St Marys

City or town: Leonardtown Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Weeks

Hospital, Institution, or street address where death occurred:
St Marys Hospital

How long in hospital or institution? 4 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Park Hall
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Catherine Hastings

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: George E. Hastings

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): July 17 - 1893

8. AGE: Years	Months	Days	If less than one day
54	4	23	hrs. min.

9. Birthplace: Dromore Killydonlon Donegal (Town, county, and state) Ireland

10. Usual occupation: Home wife

11. Industry or business

FATHER
12. Name: John Mc Nulty
13. Birthplace: Ireland

MOTHER
14. Maiden name: Catherine E. Mc Nulty
15. Birthplace: Ireland

16. Informant: George E. Hastings
Address: Park Hall maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 12 1947 (month) (day) (year)

Cemetery or crematory: Holy Face cemetery

Location: Great Mills Maryland

18. Funeral director: W. C. Quattlebaum

Address: Leonardtown Maryland

19. 12/11 1947 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 9 19 47 at 11.20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 11 19 47 to Dec 9 19 47 and that I last saw her alive on December 9 19 47

Immediate cause of death	DURATION
Heart Failure	2 days.
Due to: Cerebral Thrombosis	4 weeks.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Robert R. Fuchs M.D.
M. D. or other

Address: Leonardtown, Md. Date signed: 12/11/47.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11566

830

CERTIFICATE OF DEATH

Reg. Diat. No. 287 281

1. PLACE OF DEATH:

County St Marys

City or town Rural St Inigoes

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural, St Inigoes

(If outside city of town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Joseph Wilson Spicer

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	Widowed

6.(b) Name of husband or wife Emma Spicer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) unknown 1879

8. AGE: Years 68 | Months ? | Days ? | If less than one day ..... hrs. ..... min.

9. Birthplace St Inigoes, Md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Jerry Spicer

13. Birthplace Maryland

MOTHER 14. Maiden name Matilda Somerville

15. Birthplace Md.

16. Informant Idelia Spicer

Address St Inigoes, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 5 1947 (month) (day) (year)

Cemetery or crematory St Peters Cemetery

Location Ridge Md

18. Funeral director E. L. Robertson

Address Dameron Md

19. Dec 5 1947 (Date rec'd by registrar) O J Bean MD Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 4 1947 at 6 7 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Cerebral hemorrhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O J Bean MD

Address Great Mills Md M. D. or other Date signed 12/6/47

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

92d

11567

Reg. Dist. No. 284

1. PLACE OF DEATH:

County: St Marys

City or town: Mechanicsville Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 Year

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: St Marys

City or town: Mechanicsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: James Bruce Thompson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Clovia Pilkerton

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 13 - 1858

8. AGE: Years	Months	Days	If less than one day
89	7	25	..... hrs. ..... min.

9. Birthplace: Charles County Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Crawford Thompson
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace

16. Informant: Dixie Hill

Address: Mechanicsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 12 1947 (month) (day) (year)

Cemetery or crematory: Sacred Heart Century

Location: Bush Wood Maryland

18. Funeral director: W C. Mattingly Sons

Address: Leonardtown Maryland

19. Dec 11 1947 (Date rec'd by registrar) Eleanor S. Carter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 10 1947, at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 29th 1947, to Dec 11th 1947 and that I last saw h— alive on Dec 8th 1947

Immediate cause of death: Valvular Heart Dis. DURATION 2 yrs

Due to: Old age

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Levin J Gorham M. D. or other

Address: Charlotte Hall Date signed: 12/11/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cost of age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15